

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

07 DEC 2006

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	2		2			
TOTAL DEP.	66		35			
TOTAL CLAIMS	68		37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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